Special 510(k) Summary of Safety and Effectiveness: Line Extension to Stryker Spine TRIO® Spinal Fixation System

NOV 16 2005

Submission Information

Name and Address of the Sponsor of the 510(k) Submission:	Stryker Spine 2 Pearl Court Allendale, NJ 07401
Contact Person:	Simona Voic Regulatory Affairs Project Manager Stryker Spine 2 Pearl Court, Allendale, NJ 07401 Tel: (201) 760 - 8145
Date of Summary Preparation:	October 21, 2005

Device Identification

Proprietary Name:	Stryker Spine TRIO® Spinal Fixation System
Common Name:	Spinal Fixation Appliances
Classification Name and Reference:	Spinal Interlaminal Fixation Orthosis, 21 CFR §888.3050 Pedicle Screw Spinal System 21 CFR §888.3070
Device Product Code:	87 KWP: Appliance, Fixation, Spinal Interlaminal 87 MNH: Spondylolisthesis Spinal Fixation System 87 MNI: Orthosis, Spinal, Pedicle Fixation
Predicate Device Information:	K032855 – Stryker Spine MAPS System K951725 – Osteonics Spinal System K013823 – Xia Spinal System K012870 – Xia Stainless Steel System

Predicate Device Identification

The Stryker Spine MAPS System is comprised of screws, rods, and connectors. The components are available in a variety of lengths in order to accommodate patient anatomy. The implants are provided non-sterile and are fabricated from titanium alloy.

Description of Device Modification

This submission is intended to address a line extension to Stryker Spine MAPS System and the system name change. The line extension includes the addition of a new offset connector. The name of the MAPS System is changed to TRIO® Spinal Fixation System.

Intended Use:

The Stryker Spine TRIO® Spinal Fixation System is a pedicle screw system intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of the thoracic, lumbar, and sacral spine: degenerative spondylolisthesis with objective evidence of neurologic impairment, fracture, dislocation, scoliosis, kyphosis, spinal tumor, and failed previous fusion (pseudarthrosis).

The Stryker Spine TRIO® Spinal Fixation System is also indicated for pedicle screw fixation for the treatment of severe spondylolisthesis (Grades 3 and 4) at the L5-S1 vertebra in skeletally mature patients receiving fusion by autogenous bone graft having implants attached to the lumbar and sacral spine (L3 to sacrum) with removal of the implants after the development of a solid fusion mass.

The Stryker Spine TRIO® Spinal Fixation System is also a sacral/iliac screw fixation system indicated for degenerative disc disease (defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies), spondylolisthesis, trauma (fracture and/or dislocation), spinal stenosis, deformities (scoliosis, kyphosis and/or lordosis), tumor, pseudoarthrosis and revision of failed fusion attempts.

The Stryker Spine TRIO® Spinal Fixation System is also intended to be used in conjunction with the

OSS/Diapason Rods, Opus Spinal System Rods and the Multi-Axis Cross Connectors.

Statement of Technological Comparison:

The subject connector shares the same intended use, material, and basic design concepts as that of the predicate device: Stryker Spine MAPS System (K032855). Mechanical testing also demonstrated comparable mechanical properties to the predicate device: Xia Spinal System (K013823), Xia Stainless Steel System (K012870) and Osteonics Spinal System (K951725).

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

NOV 16 2005

Simona Voic
RA Project Manager
Stryker Spine
2 Pearl Court
Allendale, New Jersey 07401

Re: K052971
Trade/Device Name: Stryker Spine TRIO® Fixation System
Regulation Number: 21 CFR 888.3070
Regulation Name: Pedicle Screw System
Regulatory Class: II
Product Code: MNI, MNH, KWP
Dated: October 21, 2005
Received: October 24, 2005

Dear Ms. Voic:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

for Mark N. Melkerson
Acting Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

1-f1

Indications for Use

510(k) Number (if known): K052971

Device Name: Stryker Spine TRIO® Spinal Fixation System

Indications For Use:
The Stryker Spine TRIO® Spinal Fixation System is a pedicle screw system intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of the thoracic, lumbar, and sacral spine: degenerative spondylolisthesis with objective evidence of neurologic impairment, fracture, dislocation, scoliosis, kyphosis, spinal tumor, and failed previous fusion (pseudarthrosis).

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Prescription Use ___X___ AND/OR Over-The-Counter Use _____
(Part 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)
Division of General, Restorative, and Neurological Devices

510(k) Number K052971